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**It does NOT get mailed to the applicant.**

**NOTICE OF FILING / CLAIM FEE(S) DUE**  
**(CALCULATION SHEET)**

APPLICATION NUMBER: 9/ 521730

Total Fee Calculation

| Fee Code                     | Total<br># Claims | Number<br>Extra | X     | Fee        | Fee        | = | Total      |
|------------------------------|-------------------|-----------------|-------|------------|------------|---|------------|
| Sm./Lg.                      |                   |                 |       | Sm. Entity | Lg. Entity |   |            |
| Basic Filing Fee             | 201/101           |                 |       |            | <u>690</u> | - | <u>690</u> |
| Total Claims >20             | 203/103           | <u>18</u>       | -20 = |            |            | - |            |
| Independent Claims >3        | 202/102           | <u>4</u>        | -3 =  | <u>1</u>   | <u>78</u>  | - | <u>78</u>  |
| Multi-Dep Claim Present      | 204/104           |                 |       |            |            | - |            |
| Surcharge                    | 205/105           |                 |       |            | <u>130</u> | - | <u>130</u> |
| English Translation          | 139               |                 |       |            |            | - |            |
| <b>TOTAL FEE CALCULATION</b> |                   |                 |       |            |            |   | <u>898</u> |

Fees due upon filing the application.

Total Filing Fees Due = \$ 898.00

Less Filing Fees Submitted - \$                     

BALANCE DUE = \$ 898.00

J. Arks  
Office of Initial Patent/Examination

**Best Available Copy**

Figure 7

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number.

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR                              | NUMBER FILED    | NUMBER EXTRA |
|----------------------------------|-----------------|--------------|
| BASIC FEE                        |                 |              |
| TOTAL CLAIMS                     | 18 minus 20 = * |              |
| INDEPENDENT CLAIMS               | 4 minus 3 = *   | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  | B                                |       |                                    |               |
| Total  | * 18                             | Minus | ** 20                              | = -           |
| Independent                                    | * 4                              | Minus | *** 1                              | = -           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

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(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       |                                    |               |
| Total  | *                                | Minus | **                                 | =             |
| Independent                                    | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       |                                    |               |
| Total  | *                                | Minus | **                                 | =             |
| Independent                                    | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

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|        | 345.00 |
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| X39=   |        |
| +130=  |        |
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| X39=             |                |
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| RATE             | ADDITIONAL FEE |
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